

City of Yukon
Utility Billing Department
PO Box 850500 ♦ 500 W. Main ♦ Yukon, OK 73085
405-354-1895 ♦ Fax 405-350-8909 ♦ customerservice@cityofyukonok.gov

NOTICE TO TERMINATE BANK DRAFT ENROLLMENT

Two forms of identification are required; at least one must be a photo I.D.

This form must be submitted in person

I am currently enrolled in the City of Yukon's automatic bank draft payment program to pay my monthly utility bill. I hereby direct that my enrollment be terminated and that drafts on my bank account by the City of Yukon Utility Billing Department cease.

This directive is effective _____

Name _____

Service Address _____

Billing Address, if different _____

Home phone _____ Work Phone _____ Cell _____

Signature _____

Date _____

NOTICE TO CUSTOMER: This completed form must be received in our office no later than 3 business days prior to your scheduled draft date; otherwise, we will draft your scheduled monthly payment and then cancel your enrollment. You will be charged applicable fees for any drafts that are returned by your bank for any reason. *Please submit this form in person with two forms of identification, one of which is a photo I.D.*

~~~~~  
*If you cannot submit this form in person, we require that this form be notarized and submitted with very clear, legible copies of two forms of identification, at least one of which is a photo I.D. We will not terminate your enrollment until all documents are received and are legible.*

Notary Stamp or Seal:

Notary Public \_\_\_\_\_

County of \_\_\_\_\_ State of \_\_\_\_\_

Signed before this \_\_\_\_\_ day of \_\_\_\_\_

My commission expires \_\_\_\_\_